

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	PACKAGING SYSTEM FOR TRANSDERMAL DRUG DELIVERY SYSTEMS
Attorney Docket Number::	NOPH/120/JGK
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David P.
Family Name::	KANIOS
City of Residence::	Miami
State or Province of Residence::	Florida

Country of Residence:: US
Street of mailing address:: 17523 S.W. 85 Avenue
City of mailing address:: Miami
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: 33157

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Juan A.
Family Name:: MANTELLE
City of Residence:: Miami
State or Province of Residence:: Florida
Country of Residence:: US
Street of mailing address:: 10821 S.W. 92 Avenue
City of mailing address:: Miami
State or Province of mailing address:: FL
Postal or Zip Code of mailing address:: 33176

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Paul
Family Name:: JOHNSON
City of Residence:: Miami
State or Province of Residence:: Florida
Country of Residence:: US
Street of mailing address:: 2315 S.W. 27 Lane

City of mailing address:: Miami

State or Province of mailing address:: FL

Postal or Zip Code of mailing address:: 33133

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Chensheng

Family Name:: LI

City of Residence:: Miami

State or Province of Residence:: Florida

Country of Residence:: US

Street of mailing address:: 14465 S.W. 139 Avenue

City of mailing address:: Miami

State or Province of mailing address:: FL

Postal or Zip Code of mailing address:: 33186

Correspondence Information

Name:: Noven Pharmaceuticals, Inc.
Jay G. Kolman, Esq.

Street of mailing address:: 11960 S.W. 144 Street

City of mailing address:: Miami

State or Province of mailing address:: FL

Country of mailing address:: US

Postal or Zip Code of mailing**address::**

33186

Phone number::

(305) 253-5099

Fax number::

(305) 251-1887

E-Mail address::

jkolman@noven.com

Representative Information

Representative Designation::	Registration Number::	Representative Name::
Primary	43,727	JAY G. KOLMAN

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/285,976	04/23/01

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information**Assignee name::**

NOVEN PHARMACEUTICALS, INC.